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Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2007****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2007 calendar year, or tax year beginning 7-1, 2007, and ending 6-30, 2008

**B** Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

**C** Name of organization Lexington Lions Club, Inc  
 Number and street (or P.O. box if mail is not delivered to street address) c/o JOHN MASON 271 PATCHEN DR  
 City or town, state or country, and ZIP + 4 Lexington, Ky 40517

**D** Employer identification number 61-6025371

**E** Telephone number (859) 335-9859

**F** Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) \_\_\_\_\_

**G** Website: \_\_\_\_\_

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates? ☐ Yes ☐ No  
**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_  
**H(c)** Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No  
**I** Group Exemption Number: \_\_\_\_\_

**J** Organization type (check only one) ☐ 501(c)(4) ☐ 501(c)(29) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 232,762.35

**M** Check ☐ If the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>1</b>	Contributions, gifts, grants, and similar amounts received:		
<b>a</b>	Contributions to donor advised funds	<b>1a</b>	
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>	
<b>e</b>	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	<b>1e</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	192,986.07
<b>3</b>	Membership dues and assessments	<b>3</b>	14,227.89
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	25,048.39
<b>5</b>	Dividends and interest from securities	<b>5</b>	
<b>6a</b>	Gross rents	<b>6a</b>	
<b>b</b>	Less: rental expenses	<b>6b</b>	
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>	
<b>7</b>	Other investment income (describe _____)	<b>7</b>	
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities <b>8a</b>	(B) Other
<b>b</b>	Less: cost or other basis and sales expenses	<b>8b</b>	
<b>c</b>	Gain or (loss) (attach schedule)	<b>8c</b>	
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>	
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>	
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>	
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	
<b>b</b>	Less: cost of goods sold	<b>10b</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>	
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	
<b>12</b>	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	232,762.35
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	315,479.38
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	36,615.26
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>	
<b>17</b>	Total expenses. Add lines 13 and 14, column (A)	<b>17</b>	352,094.64
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	(119,332.29)
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	607,652.06
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	325.89
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	488,645.66

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Cat. No. 11282Y

Form 990 (2007)

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**Part II** Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ <u>315,479.38</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	<u>315,479.38</u>	<u>315,479.38</u>	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	<u>4,200.00</u>	<u>4,200.00</u>	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26			
27	Pension plan contributions not included on lines 25a, b, and c	27			
28	Employee benefits not included on lines 25a - 27	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	<u>550.00</u>	<u>550.00</u>	
32	Legal fees	32			
33	Supplies	33	<u>7,794.77</u>	<u>7,794.77</u>	
34	Telephone	34			
35	Postage and shipping	35	<u>4,842.11</u>	<u>4,842.11</u>	
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and <u>meetings</u>	40	<u>3,748.83</u>	<u>3,748.83</u>	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	<u>1,366.00</u>	<u>1,366.00</u>	
43	Other expenses not covered above (itemize):				
a	<u>STATE &amp; NATIONAL DUES</u>	43a	<u>765.34</u>	<u>765.34</u>	
b	<u>INSURANCE</u>	43b	<u>5,468.27</u>	<u>5,468.27</u>	
c	<u>UTILITIES</u>	43c	<u>223.65</u>	<u>223.65</u>	
d	<u>GIFTS &amp; AWARDS</u>	43d	<u>765.29</u>	<u>765.29</u>	
e		43e			
f		43f			
g		43g			
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	<u>352,094.64</u>	<u>315,479.38</u>	<u>36,615.26</u>

Joint Costs. Check ☐ If you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>SIGHT, HEARING &amp; DIABETES</u>	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
a <u>Provide vision screening, eye exams, eye surgery &amp; glasses</u> <u>Provide Grants To Local Health Department To Help Administer</u> <u>our Programs.</u>	
(Grants and allocations \$ <u>33,330.34</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>33,330.34</u>
b <u>Provide Hearing Screening exams AT our Fair &amp; other locations</u> <u>in our county.</u> <u>Provide Hearing aids &amp; collect used hearing aids to be rebuilt.</u> <u>Financially support interpreter training for sign language &amp; a summer</u> <u>camp for hearing impaired &amp; an annual camp for those who are</u> <u>both blind &amp; deaf.</u>	
(Grants and allocations \$ <u>22,817.05</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>22,817.05</u>
c <u>We support Diabetes Awareness since Diabetes is the leading cause of</u> <u>blindness. Diabetes information is distributed at health fairs &amp; offer</u> <u>Diabetes testing. The Lions Club sponsors both day camps &amp; week-long</u> <u>camps for diabetic children.</u>	
(Grants and allocations \$ <u>6,500.00</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>6,500.00</u>
d <u>Provide Grants To Lions Clubs International Foundation, Kentucky</u> <u>Lions Eye Foundation &amp; many other local, state, &amp; national</u> <u>organizations for sight.</u>	
(Grants and allocations \$ <u>42,618.36</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>42,618.36</u>
e Other program services (attach schedule) <u>see schedule</u>	
(Grants and allocations \$ <u>20,213.67</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>20,213.67</u>
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services).	<b><u>315,479.38</u></b>

**Part IV Balance Sheets (See the instructions.)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash—non-interest-bearing		45
	46 Savings and temporary cash investments	593,990.06	46 476,349.66
	47a Accounts receivable	47a	47c
	b Less: allowance for doubtful accounts	47b	47c
	48a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b
	51a Other notes and loans receivable (attach schedule)	51a	51c
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments—land, buildings, and equipment: basis	55a 553,745.05	55c
	b Less: accumulated depreciation (attach schedule)	55b 541,449.05	55c 12296.00
	56 Investments—other (attach schedule)		56
	57a Land, buildings, and equipment: basis	57a	57c
b Less: accumulated depreciation (attach schedule)	57b	57c	
58 Other assets, including program-related investments (describe ►)		58	
59 Total assets (must equal line 74). Add lines 45 through 58	607,652.06	59 488,645.66	
Liabilities	60 Accounts payable and accrued expenses		60
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule)		64b
	65 Other liabilities (describe ►)		65
66 Total liabilities. Add lines 60 through 65	N/A	66 N/A	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	607,652.06	67 488,645.66
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	607,652.06	73 488,645.66
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	607,652.06	74 488,645.66

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

a	Total revenue, gains, and other support per audited financial statements		a
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2		d
e	Total revenue (Part I, line 12). Add lines c and d		e

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements		a
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2		d
e	Total expenses (Part I, line 17). Add lines c and d		e

**Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
William Mosdy 4890 Keene Rd Lexington Ky 40517	Pres 20	0	0	0
Jim Tindler 770 Birmingham Way Lexington Ky 40507	1st V-P 5	0	0	0
John Collins 1056 Hazel Dr Lawrenceburg Ky 40342	2nd V-P 5	0	0	0
Sue Alexander 2673 Lockhurst Rd Lexington Ky 40517	Secy 10	300-	0	0
John Mason 271 Patchen Dr Lexington Ky 40517	Treas 5	1200-	0	0
Linda Allen 1520 Cantrill Dr Lexington Ky 40517	Director 2	0	0	0
James Friend 858 Ridgeway Dr Frankfort Ky 40601	Director 2	0	0	0
Jerry E. Elsworth 3130 McClure Rd Winchester Ky 40391	Director 2	0	0	0
Ron Mossotti 818 Cindy Blair Way Lexington Ky 40503	Director 2	0	0	0
Mark Pennington 2317 ShandaWood Dr Lexington Ky 40513	Director 2	0	0	0

	Yes	No
--	-----	----

- |   |   |   |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

- |     |  |   |
|-----|--|---|
| 75b |  | X |
|-----|--|---|

- |     |   |
|-----|---|
| 75c | X |
|-----|---|

- |     |  |   |
|-----|--|---|
| 75d |  | X |
|-----|--|---|

Benefits (If any former  
g the year, list the  
structions.)

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization <u>Lexington Lions Club Endowment, Inc.</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 Instructions.) <u>81a</u>		
b	Did the organization file Form 1120-POL for this year?		X

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See Instructions in Part III.)		82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	X	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		85b	
c Dues, assessments, and similar amounts from members		85c	
d Section 162(e) lobbying and political expenditures		85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities		86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		89b	
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e	
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f	
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g	
90a	List the states with which a copy of this return is filed	Kentucky	
b Number of employees employed in the pay period that includes March 12, 2007 (See Instructions.)		90b	
91a	The books are in care of	JOHN MASON	
Located at		271 RATHER DR	
Telephone no.		(1.859) 375-9859	
ZIP + 4		40517	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
If "Yes," enter the name of the foreign country		91b	X
See the Instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			



**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes ☐ No ☒

If "Yes," enter the name of the foreign country ▶

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92**

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a <u>Bleegras Fair</u>					187,285.97
b					47,000.10
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					14,722.89
<b>95</b> Interest on savings and temporary cash investments			512-B	25,048.39	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: a					
b					
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))				25,048.39	207,713.96
<b>105</b> Total (add line 104, columns (B), (D), and (E))					232,762.35

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
<b>43</b>	The Bleegras Fair provides exposure & educates the public to the services available from the Lewis Club and the organizations we support. Thousands of people receive free sight & hearing screenings and many are referred for help. Educational entertainment is provided free. 4-H & other AG groups inform the public of the impact of agriculture in the county.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please  
Sign  
Here

Signature of officer John Mason Date 5-1-09  
Type or print name and title JOHN MASON, TRUST

Paid  
Preparer's  
Use Only

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed ☐ Preparer's SSN or PTIN (See Gen. Inst. X) \_\_\_\_\_  
Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_ EIN \_\_\_\_\_  
Phone no. \_\_\_\_\_

CIS IMAGE-Do Not Correspond for Signature

### **Part III     Program Service Expense**

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**The Lions Club can use it during our Fair for exhibit space, but it will be used by the City for the rest of the year.**

**Coupled with the adjacent RV park and the adjacent Ag Expo building the City will have unlimited choices for rentals such as weddings, company picnics, farmer's markets, livestock shows, auctions, antique shows, and a cost effective site for charitable fund-raising events.**

**Many people in agriculture will be well served by this grant. Fayette County remains 70% rural despite an urban population of about 280,000. This facility will help the City showcase a wide range of agriculture, not just horses.**

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Lexington Lins Cb, Inc

61-6025371

**111**

[illegible]

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <u>Lexington Livestock Club, Inc.</u>	Employer identification number <u>61-6025371</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>271 PATCHER DR</u>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Lexington, Ky 40517</u>	

Check type of return to be filed (File a separate application for each return):

- |  |   |                                      |                                    |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                              | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of JOHN MASON  
Telephone No. (859) 335-9859 FAX No. ( )
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 5-15, 2009.
- For calendar year 2-1 or other tax year beginning 2-1, 2007, and ending 6-30, 2008.
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension

The books & records for the club for the year ended 6-30-08 are being audited by a local CPA firm at this time and the audit is not complete. Additional time until the audit is complete and records returned.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any onor year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ <u>-0-</u>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief this is true, correct, and complete, and that I am authorized to prepare this form.

Signature John N. Mason Title Treas Date 2-15-09  
John N. Mason Title Treas Date 11-19-08

LEXINGTON LIONS CLUB CHARITY BUDGET June 30, 2008					
	Funds Used This Month	Funds Used Year-To-Date	2007/2008 Budget	Remaining In Budget	
Sight Conservation Committee	\$ 2,179.74	\$ 19,728.74	\$ 20,000.00	\$ 271.26	
Diabetes Committee	\$ 200.00	\$ 6,500.00	\$ 6,500.00	\$ -	
Hearing & Speech Committee	\$ -	\$ 18,367.05	\$ 22,000.00	\$ 3,632.95	
Eye Surgery	\$ -	\$ 7,101.60	\$ 30,000.00	\$ 22,898.40	
KLEF Kidsight	\$ -	\$ - 100.00	\$ 100.00	\$ -	
KLEF All Star Game	\$ -	\$ - 100.00	\$ 100.00	\$ -	
KLEF Finis Davis	\$ -	\$ - 1,000.00	\$ 1,000.00	\$ -	
KLEF Life Patrons	\$ -	\$ - 500.00	\$ 500.00	\$ -	
Trooper Island	\$ -	\$ - 100.00	\$ 100.00	\$ -	
Impaired Youth Camps	\$ -	\$ - 500.00	\$ 500.00	\$ -	
Candy Days	\$ -	\$ - 100.00	\$ 100.00	\$ -	
All State Band	\$ -	\$ - 700.00	\$ 700.00	\$ -	
Leader Dogs	\$ -	\$ - 100.00	\$ 100.00	\$ -	
Camp Crescendo	\$ -	\$ - 100.00	\$ 100.00	\$ -	
High Tech	\$ -	\$ - 100.00	\$ 100.00	\$ -	
Youth Exchange	\$ -	\$ - 100.00	\$ 100.00	\$ -	
LCIF (Melvin Jones Fellows)	\$ -	\$ - 2,000.00	\$ 2,000.00	\$ -	
Sight First	\$ -	\$ - 783.36	\$ 1,500.00	\$ 716.64	
Fayette County Health Dept.	\$ -	\$ 6,500.00	\$ 6,500.00	\$ -	
Lexington Speech & Hearing	\$ -	\$ 4,450.00	\$ 4,450.00	\$ -	
Discretionary	\$ -	\$ - 335.00	\$ 4,000.00	\$ 3,665.00	
Endowment Fund	\$ -	\$ 30,000.00	\$ 30,000.00	\$ -	
Campaign SightFirst II	\$ -	\$ - 2,000.00	\$ 2,000.00	\$ -	
Eye Bank Endowment	\$ -	\$ - 4,000.00	\$ 4,000.00	\$ -	
<b>TOTAL</b>	<b>\$ 2,379.74</b>	<b>\$ 105,265.75</b>	<b>\$ 136,450.00</b>	<b>\$ 31,184.25</b>	

Building 210,213.63

315,474.38 TOTAL Program Service.